

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 16 AM 7:34

DOCUMENT # J 67623

1. Corporation Name

American Outdoor Properties, Inc

400055190424
05/24/05--01050--005 **2100.00

REINSTATEMENT 96-05

2. Principal Office Address

P.O. Box 703

Suite, Apt. #, etc.

City & State

Chipley, Florida

Zip

32428

Country

USA

3. Mailing Office Address

P.O. Box 703

Suite, Apt. #, etc.

City & State

Chipley, FL

Zip

32428

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-16-1987

5. FEI Number

592792839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. Wayne Williamson - Wetton & Williamson, LLC

Street Address (P.O. Box Number is Not Acceptable)

1020 South Fernon Blvd.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32636

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

A. Wayne Williamson
REGISTERED AGENT MUST SIGN

Date

5-13-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ormon Blackwell	11771 Romona Ave	Chino, CA 91710
D	Morgie Blackwell	11771 Romona Ave	Chino, CA 91710
D	Cathy Register	109 South Blvd., E.	Chipley, FL 32428

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ON PAGE #2 OF DOCUMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)